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ABSTRACT

This paper provides a review of some basic general semantic principles and then applies them to the area of prenatal classes and labor room practices. It first presents an overview of the principle that language is not a neutral factor in human perceptions but an active, reactive force. Next, it looks at the relationship between language and situations of stress, especially the unique stress of childbirth. It then discusses the major schools of childbirth education and examines their educational programs in terms of their application of language principles. This examination identifies the fear-tension-pain syndrome as a strong part of the foundation of childbirth education and points out three close relationships between childbirth education instruction and general semantics techniques: (1) indexing, which calls for the realization that every person or object is different at each different point in history; (2) the use of semantic relaxation to reduce tension; and (3) the use of positively associated words. The paper concludes that all three of these areas appear in the practice of childbirth education techniques of psychoprophylaxis and natural childbirth. (FL)

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General Semantics in the Labor Room

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Jo Keller

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To hear that the use of language is the characteristic that separates homo sapiens from the rest of the animal kingdom is almost a cliche. Scholars and laypersons alike recognize language as a defining characteristic of what it is to be human. This assumption about the vital importance of language has worked its way through history to take special form in the area of scholarship called general semantics. General semantics provides one framework and vocabulary by which to understand how language does indeed affect human life and thought.

In its brief lifespan of less than fifty years, general semantics has been related to varied fields of study such as finances, psychotherapy, and education. The focus of this inquiry will be an application of the basic general semantic principles about language to childbirth education. Certainly the increasing popularity of childbirth education classes belies a heightened interest in this field; and even brief exposures to childbirth education make evident the central role of language in the educational programs. In order to examine the intertwining of language with childbirth education instruction, I will first present an overview of the principle that language is powerful, i.e. it is not a neutral factor in our perceptions, but an active, reactive force. Second, I will look at the relationship between language and situations of stress, especially the unique stress of childbirth. Finally, I will summarize the major schools of childbirth education and will examine their educational programs in terms of their application of language principles.

Communication scholars generally agree that language is a

potent force in the life of each human being. Throughout the general semantics literature, a common thread is Benjamin Whorf's statement that " . . . the language one habitually uses influences the manner in which one understands his environment."[1] Our language is so pervasive of our lives, our thinking, and our emotions, that we often tend to forget about it. To many persons, language is a neutral force, a simple conveyer of messages rather an an influence on how we live or how we experience events. But Edward Sapir's observations cannot be ignored: "Human beings do not live in the objective world alone, nor alone in the world of social activity as ordinarily understood, but very much at the mercy of the . . . language."[2] Perhaps because language is so very commonplace we tend to ignore its power. Yet advertisers, salespersons, political, and religious speakers are all much aware of its impact.

Yet even those persons who deny or ignore the power of words live as though they agree that words are influential in thought structure. Why else are certain words considered obscene? Euphemisms such as "he passed away" and "little girls' room" give lie to the misconception that words are neutral. A 1959 Hawaiian governmental decision legislated replacement of the name "leprosy" with the term "Hansen's Disease."[3] Such a decision demonstrates the very human condition that words are powerful. If they are neutral, then we would not avoid certain ones so judiciously.

General semantics stresses repeatedly the important notion

that language is impactful. Words influence human development, perception, and action. We see our worlds through the language we use. We experience our worlds through these same symbolic understandings. Language, then, influences perceptions of experiences. This relationship between language and experiences combines in a unique way in the experience of childbirth. Each woman's experience of it is guided by her language use regarding it, her assumptions about it, and her expectations of what it will be. And although each person experiences a somewhat different world from everyone else,[4] generations of retellings of childbirth stories present the notion that there is one standard event of childbirth. Thus the childbirth experience is a special combination of the actual event and of the woman's linguistically-gathered expectations of what the event will be. Carmichael noted: "The universe, as known to us, is a joint phenomenon of the observer and the observed."[5]

Complicating this already complex relationship is the strong influence of others' perceptions on our own. In the area of childbirth, this influence has an especially important role. While perceptions are developed from past experiences and verbal understandings of them, the primiperous experiences are not influenced by the mother's former deliveries since there have been none. But the influence of generations of "women talk" about childbirth help create the expectation that the new mother forms about the birth experience. Since the new mother has no firsthand experience to act on, her perceptions will be extraordinarily compounded by the imput from others. While her birth

experience itself will not be the same as the other mothers', her adjustment for the experience will be greatly impacted by her expectations.[6] So it is evident that outside influence is particularly strong in childbirth perceptions where the primipera is open to information, both positive and negative, to help her form an in-advance notion of the experience.

When taken in the context of a look at the role of language in our actions, these comments about perception and childbirth seem quite elementary. But the untrained layperson, so often living as though language is neutral and as though experience are somehow uniformly "real" as experienced by him or her, can face situations with grossly inaccurate assumptions. Moreover, women can be strongly influential on future mothers by acting as though their childbirths were somehow archetype experiences for everyone. The language they use in the description is powerful. Unfortunately, many "old wives' tales" have developed about childbirth. Stories abound about the agony, suffering, and pain which inevitably accompany labor and birth. The experience which is of course stressful has been so long treated as agonizing that many women and medical personnel have operated as though there were no options to the linguistic torture which had been described. The Catholic Church long enforced a ban on any methods of pain relief in childbirth since the Genesis account decreed that " . . . you shall give birth to your children in pain." (Genesis 3:16a) Individuals and institutions long accepted the negative language surrounding

childbirth as being absolute and unchanging. Part of this negativism emerged from another source, that of stress.

Few situations present more stress than does childbirth; and like other stressful situations, the stress can be both real and imagined. A neurologist wrote:

> "Man's attempts at adaptation are made not only to damaging microbial, mechanical, and chemical forces, but even as importantly to threats and symbols of danger."[7]

The realization that people react both to tangible danger and to symbols of danger is cogent to the discussion here. Childbirth is generally described as a stressful time. Although some childbirth theorists contend that pain is non-existent in such a natural phenomenon as childbirth (e.g. Read), the vast majority describe birth as a physical ordeal that causes pain.[8] Childbirth also means that another form of stress is added to the pain, the stress of change. A mother who has been close to the fetus for nine months now faces separation from the child; the family will be drastically different in its eating, sleeping, and privacy patterns. Anxieties about parenting may arise. Childbirth and change are nearly synonymous.

Given that childbirth is stressful because it includes 1) physical tension, and 2) a strong element of change, the person's expectations of this stress will influence her reactions to it. Writing about organizational change, Hestand articulates very clearly the phenomenon working here:

> "Perceptions of an organizational change affect the way one behaves toward the change . . . His perceptions that the change will hurt him are based on his

> previous experiences with similar situations, the languaged used by him and others to talk about the change, and his readiness for perceiving the situation."[9]

Women facing childbirth face it with analogous forces influencing their reactions to it. They are influenced by their previous experiences, the language used by them and others to describe the experience, in this case words such as "labor pain," "travail," "suffering;" and by their readiness for perceiving the situation.

For this discussion the second influence, that of language on perceptions of change, is especially cogent. General semantics literature abounds with references to this influence. The labels with which we name experiences somehow shapes those experiences. Accepting the premise that labels are significant in forming our impressions of events, we can look further at the language surrounding childbirth. Anyone eavesdropping on a coffee klatsch, before the recent prepared childbirth boom, would have heard words such as "pain," "labor," "sectioned," "strapped down." This "verbotoxin,"[11] to use a phrase coined by Glen Brennan, is quite important in causing childbirth to be viewed as an illness, a curse, a time of horror. These commonly used symbols are forceful in actually creating childbirth which seems like an illness, a curse.

> "People can be made deathly ill by symbols . . . There are many cases in which a diagnostic label may sicken the patient as much as it may enlighten . . . the physician . . . Insofar as the diagnosis represents and fosters evaluational rigidity in the person who

> applies the diagnostic label and in the one to whom it is applied, it aggravates the condition which it names.[12]

Dr. Thomas Albutt, M.D. also emphasises the key role of labeling in medicine by saying, "Thus it is in the nomenclature of disease; to give pathological names prematurely may be to teach error immediately."[13]

Dr. Grantly Dick Read whose advanced views on prepared childbirth laid much of the groundwork for childbirth education today viewed persons' perceptions and misconceptions about childbirth to have far-reaching psychological and physical effects on the experience. Urging mothers to exert what he called "mental control" in order to work with the body during the natural birth process, he incorporated a language-related element into the experience. While the phrase conjures images of stoic self-discipline and a "biting the bullet" approach, it can point to the common general semantic instruction to alter one's deviant language by choice. Across millions of people and generations of stories, this change seems formidable. But in the past fifty years, great changes have been made in altering childbirth language. Now childbirth educators can, by choice, stand apart from and "improve" the laypersons' understandings of the childbirth experience. Harry Maynard, relating general semantics to today's society, noted:

> "The scientifically oriented men in our society looking at our everyday language are in a unique historical position. We do not have to accept our culture or language as facts . . . we can transcend our own languages and as Marshall McLuhan as pointed out, 'the limitations of our assumptions by a critique of them.'"[14]

Since the 1930's over twenty different methods of psychophysical preparation for relief of childbirth pain have been identified in Great Britain, Europe, and America. These generally fall into four main classifications: Autogene Training (Schultz, Prill); Hypnosis; Psychoprophylaxis (LaMaze, Velvowski, and Nicolaiev); and Natural Childbirth (Read, Bradley).[15] The latter two methods, psychoprophylaxis and natural childbirth are the only methods which have become widely adopted.

Psychoprophylactic methods are all based on the Pavlovian concept of conditioned reflex training which enables a patient to block painful sensations by providing a counter stimulus at the appropriate time.[16] In actual childbirth training, this may take the form of the mother focusing her thoughts on a pleasant scene while experiencing a contraction. Another method used by childbirth educators is that of providing the mother somewhat complicated breathing techniques to use so that her concentration is on the breathing rather than on the contraction. These psychoprophylactic approaches have spread widely in France, the Soviet Union, and the United States.

Psychoprophylactic approaches also emphasize language. The United States LaMaze network is called "Childbirth without Pain," a somewhat pretentious title until one understands the semantic implications of the phrase:

> "One of the objectives of psychoprophylactic preparation is well-defined: It is the total suppression of all painful sensation in the course of childbirth. But this is not the suppression of the sensation itself. It is the painful characteristic of

> the sensation -- in other words, the uterine contraction is perceptible, but it is not painful."[17]

To the general semanticist it is clear that the sensation still occurs and that the perceptions of the one experiencing it are what make the difference between its being painful or not. Psychoprophylactic childbirth education, aiming at prevention of pain, attempts to alter the perception.

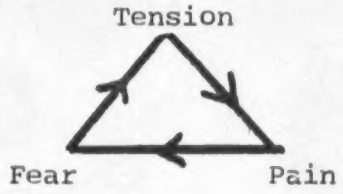
Natural childbirth, a term used only for lack of a better one since all childbirth is in a sense totally natural, was first articulated by an English physician, Read. Tanzer describes natural childbirth as focusing on the psychological needs of the prospective mother and her family by enlisting the "informed assistance" of the pregnant woman herself for accomplishing the healthy and natural function of bearing her child.[18] The purposes of natural childbirth are two: 1) to exert a positive influence on the psychological events of pregnancy and birth in order to influence positive the physiological processes of labor and delivery; and 2) to eliminate fear of the event itself so that women can cope better with the actual event.[19] Read elaborates:

> " . . . the mental attitude with which the modern civilized woman approached labor was such that it produced tension; the tension resulted in the inability to relax, and the combinations of these factors produced . . . the fear-tension-pain syndrome. [Read contended] that this triad could be broken down by proper psychological training and exercise during pregnancy."[20]

Both programs, psychoprophylaxis and natural childbirth, have as a part of their most basic theories the importance of

language in influencing perceptions. As a result, childbirth education is, in a sense, re-education. Through various methods, childbirth educators try to de-mythologize old interpretations and to instill new understandings of childbirth that will enhance the experience.

Childbirth education focuses directly on what Read described as the fear-tension-pain triad. His contention was that fear leads the body to become more and more tense. This tension, if pain is present, will physiologically increase the pain. The increase of pain, in turn, increases the fear; and thus the cycle continues.



Helen Heardman, an expert in obstetrical exercises adds:

> "Ignorance of what is reputed in books, pictures, and public press, radio, conversations, etc. to be a painful ordeal often produces the fear which may contribute to the pain. It is possible, by education during pregnancy, to help the woman toward readjusting herself."[21]

Response to pain accentuated by fear can be altered three ways. First, increased knowledge about the frightful event may diminish the fear much the same way that childish fears can be eliminated by examination, in the light, of the scary object. Knowledge about what happens when an obstetrical patient enters the hospital and is whisked away can be helpful in changing the anticipation of the event from unfounded anxiety to excitement. Wendell John, general semanticist, wrote: "To reduce the generality of a fear is a gain."[22]

In the same line of thinking, the fear can be replaced by

enlightened excitement as the fear-tension-pain triad is broken through alternate simulus to the pain. In Pavlovian terms, by the process of "verbal asepsis" (the second signalling system), one can provide a new environment where fear and tension are replaced with the concept of birth as a joyful experience.[23] This psychological blocking actually blocks transmissions of the painful sensation to the cerebral cortex. The phenomenon was also present in examples of assorted martyrs who withstood great pain.[24] Examples of ways to eliminate pain by not focusing on it usually encourage practice of diversionary concentration. During the latter months of pregnancy, the mother practices thinking about a pleasureable scene or a designated alternative focal point. In fact, most childbirth exercise classes encourage coaches to inflict some actual pain on the mother, such as strong pinching on the Achilles tendon, so that the mother can practice the diversionary concentration.

A third method for minimizing fear-tension-pain is careful use of language. Johnson reiterates:

> "Change requires a lot of effort. If one has to handle a problem efficiently, he has to change something. And language is a good place to start. Not only is the language basic, it also turns out to be one of the most manipulatible things about us."[25]

Read begins by changing one of the most basic terms used to describe childbirth phenomenon, that of "pain." He instead encourages routine use of the word "contraction" to indicate a tightening of the uterus.[26] Since uterine contractions are

physically essential to the birth of a child, the language alteration attempts to change a "given" in the situation from being a source of pain to being, instead, a discomfort.

With the fear-tension-pain triad identified as a strong part of the foundation of childbirth education theory, it is possible to explore three close relationships between childbirth education instruction and general semantics techniques. Three applications are especially clear -- 1) indexing, 2) use of semantic relaxation, and 3) use of positively associated words.

First, the general semantics concept of indexing urges careful persons to realize that every person or every object is different at each different point in history. The symbol used to describe indexing is that $Flower_1$ is not $Flower_2$ is not $Flower_3$ and so on. For childbirth, like everything, it is essential to remember that a definite number of general symbols, words, by necessity must represent an infinite number of things.[27] So while the word "pain" may mean something quite horrible to one person, it may carry a very harmless connotation to a different person. Hence, $Pain_1$ is not $Pain_2$. Thus, any words used by persons involved in childbirth education needs to be done with awareness both in the speaker and in the listener that $Labor_1$ is not $Labor_2$ is not $Labor_3$. In an article about language used in child-rearing, Jacobs noted: "We must remember that generalizations apply to children <u>in general</u> and not necessarily to a specific child. We must focus our

attention, then . . . on $child_1$, $child_2$, and so on."[28] Use of the phrase "to me" can also be a helpful corrective to our thinking that our particular perspective is the only correct one. When we think of childbirth as a highly stressful, emotional state, the following observation by Johnson is unfortunately apt:

> "It is important to observe that this device of 'to me' rarely occurs in the language of advertising, political bombat, and in strong affective states such as those of grief, anger, or discouragement."[29]

Second, the relationship between physical relaxation taught by <u>all</u> major childbirth methods is amazingly similar to semantic relaxation. Semantic relaxation is generally defined as a freedom from tension of worry, resentment and anxiety, all of which are self-defensive. Johnson notes:

> "There is some value in direct methods of relaxation. We have to deal here with a two-way relationship: personal adjustment fosters relaxation, but relaxation tends also to foster personal adjustment."[30]

Johnson proposes two types of relaxation, one for rest and one for work. The relaxation for work, achieved semantically, like the childbirth relaxation for actual labor, involves "optimal tonicity, a freedom from tensions that are excessive or unnecessary."[31] Hayakawa speaks to the necessicity for relaxation by pointing to the vital need to eliminate tension that feeds the fear-tension-pain triad. He stresses that " . . . a person's self-concept can be described as an organized configuration of perceptions of the self, and thus a situation perceived as threatening this configuration results in an

increase of rigidity and a descrease of optimal functioning."[32] Since increased rigidity can actually increase bodily pain, this reaction is crucial for childbirth educators. The need for optimal functioning by enhanced relaxation is one of the key reasons that childbirth educators are able to boast the general claim that prepared mothers have labors that average three hours shorter in duration than do unprepared mothers. A study at the Munich University Gynecological Clinic reported:

> "From this study it would seem that antenatal preparation produces a state of psychomotor relaxation together with improved coordination and greater economy of effort."[33]

To summarize, delayed reactions, semantic relaxation, and physical relaxation are all methods for tension-removal that link general semantics instruction with childbirth instruction. Relaxation at all levels changes the nature of the experience by influencing its rate and its intensity:

> " . . . one of the easiest ways to change a habitual response is to change its rate. When you do this, you change its whole structure . . . a response is a series of events and if any part of the series is eliminated, postponed, or otherwise disturbed, the whole series is affected."[34]

Naturally then it follows that as relaxation alters the pace of the labor experience, pain and tension are minimized; and the relaxation, both semantic and physical, is helpful.

Third, language used directly by medical personnel is influential: "Those who rule the symbols rule you."[35] Several studies have pointed to the negative influence of contemporary

medical personnel. Dr. John Romano of the University of Rochester indicted medical students saying:

> ". . . the average graduate of today appears to have less understanding of 'human nature' and of its psychologic and physiologic concommitants of emotional experiences of mankind, such as grief, rage. resentment, fear and anxiety, than have many informed intelligent lay people."[36]

A study by Baziak and Denton criticized the tendency for medical persons to objectify the patients while not meeting the personal needs of the patients. They noted that the language used by by the medical teams was especially de-humanizing.[37] Read reinforced this potentially negative impact of language saying:

> " . . . more important are the fears unconsciously created by the obstetrician himself. A wrong note, a mistaken word, or a callous insinuation, and the uterine contractions may immediately become painful."[38]

Yet of course not all medical persons who have contact with obstetrical patients use language which exemplifies such insensitivity about its impact on the patients. There are many medical persons, childbirth educators among them, who select words and phrases carefully in order that they exhibit most effectively their concern for the patients' psychophysical states. This care can be a powerful treatment.

> " . . . if Hippocrates said 'Some patients recover their health simply through their contentment with the goodness of the physician,' then one must conclude that there is a powerful therapeutic effect in the manner by which a treatment is administered re-regardless of what the treatment is."[39]

Howard makes some prescriptive suggestions to medical persons: emphasize two-way communication, be sensitive to patients' understandings of medical terms, do not foster absolutism, and help patients see the difference between malady$_1$ and malady$_2$.[40]

In this brief overview, four language-related areas of childbirth education have emerged: 1) the fear-tension-pain syndrome; 2) the need for indexing; 3) semantic and physical relaxation; and 4) the use of positively-affective language. All four areas find strong support in general semantics theory; and all four appear in the practice of the childbirth education techniques of psychoprophylaxis and natural childbirth. Alfred Korzybski, the father of general semantics, emphasized the possibilities for assessment of the power of language:

> "We do not realize what tremendous power the structure of a habitual language has. It is not an exaggeration to say that it enslaves us through the mechanism of semantic reactions. These structural assumptions and implications are inside our skins -- If unravelled, they become conscious; if not, they remain unconscious."[41]

In order to facilitate more effective childbirth practices, childbirth theorists are clearly attempting to unravel many language patterns.

Notes

[1]Benjamin Lee Whorf, Language, Thought, and Reality (Cambridge, Mass.: M.I.T. Press, 1956), p. vi.

[2]Edward Sapir, Language, Culture, and Personality: Essays in Memory of Edward Sapir (Menosha, Wis.: Sapir Memorial Publication Fund, 1941), p. 78.

[3]Frederick C. Lendrem, "The Name Leprosy," ETC, XII, No. 1, p. 37.

[4]Kenneth Hestand, "The Semantics of Organizational Change," Unpublished M.A. Thesis, University of Kansas, 1974, p. 46.

[5]Wendell Johnson, People in Quandries: The Semantics of Personal Adjustment (New York: Harper and Brothers, Publishers, 1946), p. 144.

[6]Irving Lee, Language Habits in Human Affairs: An Introduction to General Semantics (New York: Harper and Brothers, Publishers, 1941), p. 20.

[7]H. Wolff, "Man's Nervous System and Disease," Archives of Neurology, 5, 1961, p. 236.

[8]Charles L. Buxton, A Study of Psychophysical Methods for Relief of Childbirth Pain (Philadelphia: W.B. Saunders, 1962), p. 36.

[9]Hestand, Op. cit., p. 4.

[10]Buxton, Op. cit., p. 2.

[11]Glen Brennan, "Can Language Induce Toxic Effects in the Nervous System?" ETC, XXIII, No. 1 (March, 1966), p. 59.

[12]Johnson, Op. cit., p. 266.

[13]Thomas C. Allbut, "Introduction to 'System' of Medicine," ETC, III, No. 3 (Spring, 1946), p. 188.

[14]Harry E. Maynard, "General Semantics and Today's World," from Communication: General Semantics Perspective (New York: Spartan Books, 1970), p. 137.

[15]Buxton, Op. cit., p. 12.

[16]Ibid., p. 15.

[17]Ibid., p. 28.

[18]Deborah Tanzer, with Jean Libman Block, Why Natural Childbirth? (New York: Doubleday and Company, Inc., 1972), p. 72.

[19]Ibid., p. 73.

[20]Buxton, Op. cit., p. 36.

[21]Helen Heardman, Physiotherapy in Obstetrics and Gynaecology, 2nd ed. (London: E. & S. Livingston, Ltd., 1959), pp. 28-29.

[22]Johnson, Op. cit., p. 103.

[23]Buxton, Op. cit., p. 29. (Translated from Congress de l'Accouchment Psychoprophylactique, Reims, Imprierie Coulon, May, 1959).

[24]Buxton, Op. cit., p. 18.

[25]Johnson, Op. cit., p. 116.

[26]Mary Jane Hungerford, Childbirth Education (Springfield, Ill.: Charles Thomas, Publisher, 1972), p. 115.

[27]Lee, Op. cit., pp 30-32.

[28]Betty Lee Jacobs, "Mothers and Pediatricians," ETC, III, No. 2 (Winter, 1946), p. 129.

[29]Johnson, Op. cit., pp. 222-223.

[30]Ibid., p. 230.

[31]Ibid., p. 231.

[32]S.I. Hayakawa, "Conditions of Success in Communication," Bulletin of the Menninger Clinic, XXVI, No. 1, p. 19.

[33]Buxton, Op. cit., p. 57.

[34]Johnson, Op. cit., p. 229.

[35]Johnson, Op. cit., p. 182.

[36]Louis Paul, "Remarks on Psychosomatic Issues," ETC, V, No. 4 (Summer, 1947), p. 270.

[37]Anna T. Baziak and Robert Denton, "The Language of the Hospital and its Effect on the Patient," ETC, XVII, No. 3 (Spring, 1960), p. 261.

[38]Grantly Dick Read, Natural Childbirth (London: Wm. Heinemann Medical Books, Ltd., 1933), p. 53.

[39]Buxton, Op. cit., p. 4.

[40]Jan Howard, "General Semantics Orientation in Dentist-Patient Relations," ETC, XXIII, No. 1 (March, 1966), pp. 69-73.

[41]Alfred Korzybski, Science and Sanity: An Introduction to Non-Aristotelean Systems and General Semantics (Lakeville, Conn.: Non-Aristotelean Library Publishing Company, 1958), 4th ed.

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